

Recovery Month 2009



September marks the 20th anniversary of National Alcohol and Drug Addiction Recovery Month. Several events are taking place in Washington and around the country to celebrate the dedicated professionals who make a difference every day, and to reach out to those who need our help to begin treatment and recovery. Here are some events our state is participating in:

- September 7, 10am: Hands Across the Bridge and Oxfest, Vancouver and Portland. A ceremony begins on each side of the Washington/Oregon I-5 bridge with stories from people in recovery, elected officials, a reading of the Governor's Proclamation and Native American Drumming Groups. As Recovery Month supporters from both states meet in the middle of the bridge, they will join hands and say the Serenity Prayer. People will then join Oxfest for a day of celebrating with music and food. Oxfest, sponsored and organized by Oxford Houses in both Oregon and Washington, is an annual music festival in celebration of recovery. Oxford Houses provide supportive group housing for people in recovery from substance use disorders. What began as a backyard barbeque 10 years ago is now the largest one day recovery celebration in the Pacific Northwest, with over 2,000 people attending last year. This free event is designed to show that recovery can be fun and rewarding.
- September 10 and 22: Recovery Month forums presented by the state Division of Behavioral Health and Recovery (DBHR), in Olympia. The forums will feature personal recovery stories and information about addiction treatment from providers.
- September 13: A&E Recovery Rally, NY. Brenda Mayer, a Tacoma resident and Chemical Dependency Specialist for King County, was chosen to be Washington State's representative to participate in this national rally. Brenda will join recovery delegates from every state in raising awareness that addiction is a disease, treatment works, and a healthy and fulfilling life in recovery is possible. "Being chosen as the Washington State delegate for the A&E Recovery Rally is a great honor and a responsibility that I take seriously. I lived my life in the dereliction, degradation, humiliation and shame of addiction for nearly 20 years. I have been in recovery for almost 28 years. The only path I know to get from addiction to the life I have today is the path of recovery. I believe that anyone with addiction can stop using and find a new way to live!"

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FROM THE DIRECTOR

Policy and Organizational Changes

The new state biennium funding cycle began July 1, bringing state and national policy changes that affect our prevention and treatment services and an integration of mental health and chemical dependency staff. We will need to accept living with some uncertainty, and being patient, as program plans and policies are thoughtfully developed and implemented for the greatest benefit of the people we serve.

New Division Name and Reorganization

I am pleased to announce that on August 19th our integrated substance abuse and mental health services division became the Division of Behavioral Health and Recovery (DBHR). Behavioral Health is a term being widely used in the field to identify a holistic approach to treating mental, substance use and gambling disorders. Our new name will hopefully help us transition to our new roles and relationships as a division and with our partners.

In the last few months we have made the following staffing changes in our regional offices to create administrative efficiencies and to meet administrative budget reduction targets:

- Our Region 5 office in Pierce County closed, and the Region 5 Administrator Position was eliminated.
- Our Region 5 Prevention and Treatment Managers joined our Region 6 staff at Cherry Street Plaza and report directly to Tiffany Villines, who is now our Region 5/6 Administrator.
- Earl Long, former Region 5 Administrator, is now DBHR's Criminal Justice Treatment Account program manager, and also has responsibilities to lead DBHR's ProviderOne Implementation efforts.
- Our Region 3 Administrator, Jennifer Paddock, accepted a position with the DSHS Children's Administration. The Region 3 Prevention and Treatment Managers are now reporting to Harvey Funai, who is now the Region 3/4 Administrator.
- The Region 1 Treatment Manager position was eliminated and Eric Larson is now the treatment manager for Regions 1 and 2.
- About 36 staff from the former Mental Health Division will be moving to Cherry Street Plaza the end of August.

These internal organizational changes will have no immediate impact to our substance abuse and mental health treatment providers.

New Funding System for Prevention Services

With guidance from stakeholders and partnering agencies, DBHR is developing a plan to redesign our current service delivery system to a community-based model beginning July 1, 2010. The new system will be designed to focus prevention and early intervention services to have the greatest impact on reducing community-level substance abuse. A series of stakeholder advisory meetings will take place through December to guide us in developing the new system.

Family Smoking Prevention and Tobacco Control Act

President Obama signed the Family Smoking Prevention and Tobacco Control Act on June 22, giving the Food and Drug Administration (FDA) new regulatory authority over the manufacture, marketing, and distribution of tobacco products.

Do you have a success story or news to share?

Please contact:

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email: schneda@dshs.wa.gov

Prevention and Treatment Resources

DBHR website: www.dshs.wa.gov/dasa

Chemical Dependency Professionals:
<http://www.cdpcertification.org/default.asp>

Alcohol/Drug Helpline:
1-800-562-1240
www.adhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
<http://clearinghouse.adhl.org>

DSHS Secretary

Susan N. Dreyfus

DBHR Director

David Dickinson

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The FDA will now set standards for the manufacture of tobacco products as well as regulating the type and amount of ingredients used in tobacco products. The Act also increases protections for teens by strengthening the ban on advertising and efforts to reduce access. We expect this Act will yield major benefits to public health and save money for our state through reduced medical costs.

Health Care Reform

As lawmakers seek to improve and expand healthcare, preventing and treating mental and substance-use disorders must be addressed as high priorities for medical care. To help frame the discussion, the Substance Abuse and Mental Health Services Administration has published core principles for health care reform, titled: "Ensuring U.S. Health Reform Includes Prevention and Treatment of Mental and Substance Use Disorders (PDF).

These core principles tie into a national movement, which DBHR is actively supporting, known as Recovery Oriented Systems of Care. A primary goal for the next two years and beyond is to expand our state's efforts to adopt a public health approach to treating mental and substance use disorders. Building on our successes in emergency departments by providing screening, brief intervention, referrals and treatment, and the Access to Recovery program, we can help more people achieve and maintain long-term health and wellness. This approach provides holistic, patient-centered care with a focus on disease prevention through:

- A comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery.
- An ongoing process of systems-improvement that incorporates the experiences of those in recovery and their family members.
- The coordination of multiple systems, providing responsive, outcomes-driven approaches to care.

With our partners, we will be working on a plan to move services in this direction. We will continue to be interested in your feedback and your assistance as we take these steps to improve services to our clients. 🏡

- September 28-29: Co-Occurring Disorders and Treatment Conference, Yakima. Presented by the Washington State Division of Behavioral Health and Recovery, this year's conference theme is Elements of Success: Sustaining & Maintaining Program Momentum. To register, visit http://conferences.wsu.edu/dshs_co-occurring/registration.aspx.

For more information about these and other Recovery Month events, and to download materials for promoting treatment and recovery in your community, visit www.RecoveryMonth.gov.

Brenda Mayer's Recovery Story

Brenda generously shared her personal story in her application to be Washington's delegate for the Recovery Rally in New York. To increase understanding about this brain disease, and compassion for those who are still suffering, here is her inspiring story of recovery.

I began using drugs at the age of 13. From the first time I used, I thought that drugs were the solution to my problems. My father was an alcoholic. He was brutal and mean when he drank. I grew up afraid, lonely and ashamed. When I was eight my 16-year-old cousin began molesting me. I felt worthless, bad and hopeless. Drugs felt like the solution because if I got loaded enough I could forget that I was afraid of everything and everyone.

On my first day without drugs, (September 15, 1981) I "came to" with two black eyes, a broken nose and a shattered left cheek. I was hopeless and suicidal. I was suicidal, because the only thing that had ever made my life bearable (drugs) had become the problem. I contemplated suicide for months. I finally decided that I would try a 12-step program that I'd heard about. I promised myself if it didn't work I would end the misery of my pathetic life. I stopped using and began attending meetings. I was very sick but I had no money for detox or treatment. I found a small group of people in recovery, and a sponsor, and started hanging out with them. That was 27 years ago, and I have the same sponsor today that I started with. Through the years, both of our sisters died, our fathers died, and our brothers were killed in accidents. Together we have "grown up" and lived life on life's terms without the use of drugs.

My recovery is my life. I am a better person because of my addiction, not in spite of it. In working with addicts I am both compassionate and firm. I have a great career and respect in my community. Neither of those would be possible if I were still using. When I was using I lived for 18 years on public assistance. Today I am a home owner, a tax-payer and I have dedicated my career to working with indigent addicts. I have a husband (also in recovery) who loves me and honors the commitment that we share. I have adult children in recovery from addiction and six grandchildren who have never seen me use anything, including alcohol! We talk openly about the horrors of addiction.

Before my father died, I was able to tell him that he was not responsible for my addiction. Neither am I! I am, however, responsible for my recovery. I cherish the friends and the changes I've made in my life as a result of my recovery. I like who I am and who I am becoming. Because of my recovery I have been able to step up and really be there for my elderly mother in the last years of her life. She could never depend on me when I was using and she could not trust me (I stole from her). Today I help manage all her financial affairs. I am so full of gratitude as I write these words.

I have actively served in a 12-step program since the first days of my recovery, and have spoken at world and regional conventions and at local spaghetti feeds. I have helped this fellowship grow from a handful of meetings in 1981 to a strong and thriving fellowship throughout the world. I helped start some of the earliest recovery meetings in Washington. These included meetings at McNeil Island Correctional Center, the Washington State Women's Correctional Center at Purdy, and the first meetings in "Ward X" (for dangerous mentally ill offenders) in Western State Hospital. I have worked for King County for over 22 years as a Chemical Dependency Professional, helping the most disadvantaged people get treatment. I love working with this population and I am grateful for the work.

DBHR is grateful to Brenda for sharing her story in FOCUS. Recovery stories may be submitted anytime by emailing Deb Schnellman, DBHR, at schneda@dshs.wa.gov. 🏡



Saying It Out Loud Celebrates 10 Years

By Harvey Funai, DBHR Regional Administrator

In May 250 people took part in the 10th Annual statewide Saying It Out Loud Conference focused on the gay, lesbian, bisexual, transgender, and questioning (LGBTQ) communities. It was co-sponsored by the state Division of Behavioral Health and Recovery (DBHR), and King County. Awards were presented for ongoing leadership, advocacy, and commitment to the LGBTQ communities to:

- Washington State Representative Jamie Pedersen — Individual Award
- The King County Mental Health, Chemical Abuse and Dependency Services Division — Organizational Award

Dr. Robert Minor began the conference with his inspirational keynote *Addicted and LGBTQ: What*

Else Do We Need to Know?, and closed with *What Does It Mean To Not Merely Be Non-Addicted, But Healthy?*

Dr. Robert Wood gave a relevant and timely plenary on HIV/AIDS: No Longer Sexy, But Still Important. This year's workshop presenters covered the following topics:

- Coming Out - Reel Grrls (youth panel)
- Transgender 2009 and Beyond
- The Impact of Homophobia in Sports on Athletes and Coaches
- A Provider's Introduction to Substance Abuse Treatment for LGBT Individuals
- Drug Use in Washington — LGBTQ Issues and Prescription Medication Abuse

- Sexual Orientation and Gender Identification in the Context of Institutional Racism

Congratulations to the awardees, and thank you to our speakers, committee members and local community partners: Seattle Counseling Services, Ingersol Gender Center, and the Center for Human Services.

The Saying It Out Loud conference is part of the Washington State Department of Social and Health Services' ongoing commitment to be inclusive, welcoming and supportive of activities that promote diversity. 🌈



Problem Gambling and the Arts

By Linda Graves, Problem Gambling Program Manager

"Don't gamble your pride; it could ruin your life, When shufflin' up the cards, or playin' with the dice. Problem gambling ain't cool; it could ruin your life." These are some of the lyrics written and sung by Shelton Students against Destructive Decisions (SADD). The students worked in collaboration with LaMar Hudson, prevention rap artist from Tacoma, to write and record a song about gambling and its effects on the family entitled "Don't Bet Your Life."

A young man sings his anguish about his partner gambling away the rent and food money in a new hip hop opera, "Shake 'm up, Break 'm." The opera was produced by Seattle's Inter-agency Academy, an alternative school for students instead of regular high school. The male lead in the opera, Davith, actually wrote the opera. At 22, he was a consultant to the students, and had experienced firsthand what it was like to grow up in a family where a parent gambled. The students saw people rolling street dice all around their neighborhoods, so it wasn't hard for them to know the story line that needed to be told. It is a poignant story, with an unhappy ending.

Music Mentors Gear Up with Music, under the leadership of Todd Denny, was another of the recipients of an award. Their video, *Game Over*, won the National Council on Prob-

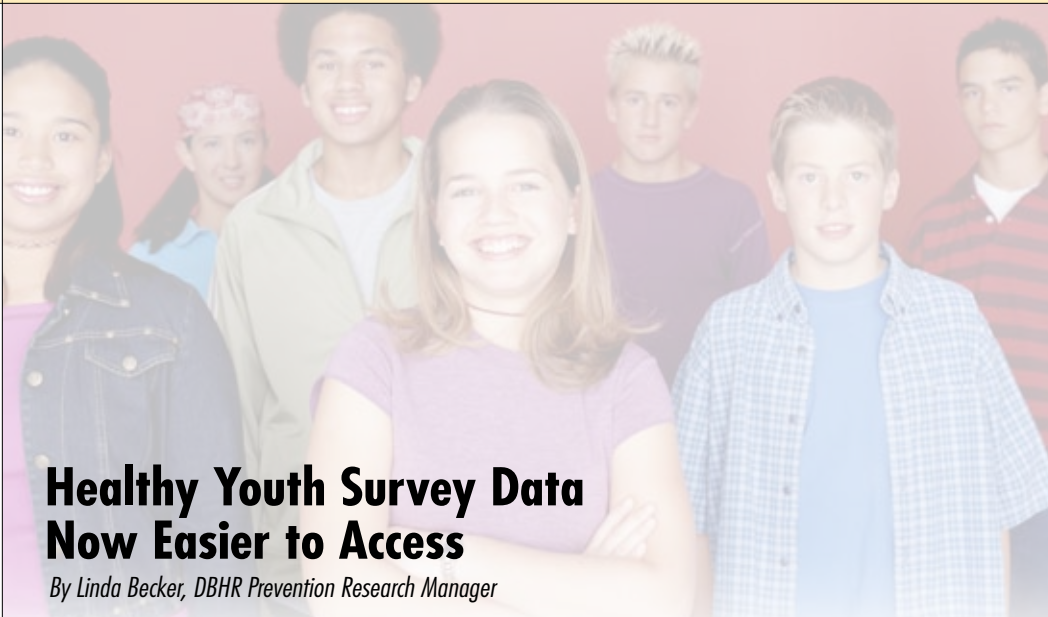
lem Gambling's public service award at the 2009 Conference held in Indianapolis this past June.

These projects were funded by the Division of Behavioral Health and Recovery Problem Gambling Program and Evergreen Council on Problem Gambling. Last year, funds were earmarked for projects developed by youth for youth using the arts to tell of the risks involved in gambling. A request for projects was developed and distributed through the educational service districts. Four proposals were funded. Proposals were required to include student leadership, a project description, what it would cost, and how it would be disseminated to other youth audiences. One of the projects was not completed, and those funds were used for the Tribal Youth Music Academy. The Tribal Youth Academy came about because a native student who saw "Shake'm Up, Break'm" made by students asked if he could be involved in a music project "like that."

The music CD and the hip hop opera video are being reproduced and will be available through the Washington State Alcohol/Drug Clearinghouse. They may also be viewed at www.notagame.org and www.dshs.wa.gov/dasa. 🌈

Got FOCUS?

To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at schneda@dshs.wa.gov.



Healthy Youth Survey Data Now Easier to Access

By Linda Becker, DBHR Prevention Research Manager

For years schools across the state have been using the Healthy Youth Survey to allow monitoring of health risks for kids, and to plan prevention services to reduce those risks. Counties and communities sometimes find it difficult to keep track of this amount of data, and to communicate about it. All of that has changed with a new website called AskHYS.

AskHYS.net is a website designed to make access to Healthy Youth Survey data much easier. The inter-agency team that conducts the survey heard from stakeholders that it was often difficult to use the survey data. Working with Looking Glass Analytics, we now have a user-friendly approach to reporting survey results. Since its initiation, use of the website has exceeded expectations. There has been an average of 1,500 users per month, and just this year, more than 10,000 fact sheets have been downloaded — even before the 2008 fact sheets were on line. The fact sheets for alcohol, tobacco and other drugs, and risk and protective factors, are the most often requested topics.

There are currently two main components to the website: a set of pre-formatted reports or fact sheets, and a query system that allows the user to select specific questions and run a simple analysis.

The one-page fact sheets cover a wide variety of topics, from alcohol to asthma. To access them, go to AskHYS.net, and click on the Fact Sheets Menu. Select:

- which report you want (topic and grade);
- a geography (state or county; school district data is password protected);
- a survey year; and
- Submit.

You can also select either males or females, but the default option is to get the results for both.

The query system, called “QXQ” (meaning question by question) allows you to get a survey result for any question, and also allows you to build a “crosstab”. Again, you use drop-down menus to select year, grade, gender, and geography. Then select from drop down menus the specific topics you want to explore, either for frequencies or crosstabs.

All reporting of Healthy Youth Survey data follows very strict guidelines to protect the confidentiality of survey respondents. So, when you use QXQ, you will find that some queries cannot be run, especially in small counties or school districts.

HYS reports can be used in meetings and other settings to help raise awareness of issues of importance about the health behaviors of kids in our communities. The query system can help you dig further into these issues, but should probably be used in collaboration with stakeholders who have some background in data interpretation.

AskHYS is supported by the DSHS Division of Behavioral Health and Recovery, Department of Health, Office of the Superintendent of Public Instruction, Department of Commerce, Liquor Control Board, and Family Policy Council. For more information about Ask HYS, contact Linda Becker at beckelg@dshs.wa.gov. 🐼

What is a crosstab?

A crosstab (or cross tabulation) is a simple analytic strategy that allows you to see the results of a particular question for a specific group of kids. For instance, in our example, we use the QXQ to ask if kids who drink are also the same kids who smoke cigarettes. You can “build a query” from any of the HYS questions with one important exception: the items you crosstab must be on the same survey. In the classroom, half of the kids get a survey that focuses mostly on substance use and risk/protective factors, and the other half get a survey that focuses on other health behaviors like diet and nutrition. You cannot run a crosstab on questions that are on different surveys.

		Current Cigarette Smoking		
		No Days	Any Days	Total
Current Alcohol Drinking	No Days	95.4% ±0.8% 4,405	4.6% ±0.8% 211	100% 4,616
	Any Days	64.5% ±3.9% 1,380	35.5% ±3.9% 761	100% 2,141

STATEWIDE — Grade 10 Current Alcohol Drinking and Cigarette Smoking

In this example we see that among 10th graders who report no drinking in the past 30 day, only around 5% of them have smoked cigarettes in the past 30 days. Among those who drank, the smoking rate is around 35%

Reducing Underage Drinking

Farewell to Roger Hoen - A Special Leader

Roger Hoen left his position with the State Liquor Control Board (LCB) on August 15 after seven years of service. Roger has been an enthusiastic supporter of prevention and public safety. He sees the importance of the alcohol industry and prevention representatives talking together and understanding one another's roles. "One of the areas that I am most proud of is my collaborative work with the prevention community and our business partners," said Roger. Roger has been the co-chair of the Washington State Coalition to Reduce Underage Drinking (RUaD), board liaison for the LCB Business Advisory Council, and co-chair of the Prevention Industry Partnership.



We will miss Roger's unique leadership, positive style, and genuine approach to keeping young people healthy and safe.

Communications Campaign Makes an Impact

In February the RUaD Communications Impact Team launched a statewide public education campaign to raise awareness among parents of the risks of underage drinking, and encourage them to visit www.StartTalkingNow.org for prevention information and tools. Areas targeted included Spokane, Yakima, Tri-Cities, Wenatchee, and Bellingham. The advertising components included radio ads, newspaper ads, billboards, direct mail, and banners.

During the five-month campaign, which reached 3.4 million residents, there were 20,428 visitors to the [StartTalkingNow.org](http://www.StartTalkingNow.org) website, including 7,378 first time visitors. A state sample of 400 parents were surveyed before and after the campaign. In the pre-campaign survey, parents underestimated the level of underage drinking and assumed their children knew their rules about drinking. After the campaign, twice as many parents surveyed thought underage drinking was a problem, and parents who said they talked with their kids and monitored them increased by 8%.



New Alcohol Advertising Regulations

The LCB has been reviewing and revising our state's alcohol advertising regulations. As one of their highest priorities, the RUaD Coalition reviewed the current rules, proposed changes, attended hearings, and briefed prevention advocates across the state. Over 100 people commented to the LCB about the proposed rules, the most responses the LCB has seen in many years. The input from the prevention community was extremely valuable.

The new rules will clarify and tighten existing rules. The areas of greatest interest to the prevention community are:

- Added introductory language: "The liquor control board regulates alcohol advertising to promote public safety, prevent the misuse of alcohol, and reduce youth exposure to alcohol advertising and marketing."
- All liquor advertising on products sold in the state of Washington may not contain any statement, picture, or illustration that:
 - Shows a person who appears to be under 21 years of age consuming alcohol;
 - Implies that the consumption of alcoholic beverages is fashionable or the accepted course of behavior for persons under 21;
 - Associates alcohol with social achievement;
 - Uses subliminal or similar techniques;
 - Claims the alcohol product has a curative or therapeutic effect or enhances health or performance.
- Retail licensed premises are limited to a total of four alcohol signs visible from outside, covering no more than 600 square inches (such as four signs that are 20" x 30");
- No outdoor advertising of liquor can be within 500 feet of schools, churches, playgrounds, or athletic fields used primarily by minors (this is 1.5 football fields);
- Alcohol manufacturers, importers, and distributors may sponsor public and civic events if:
 - The sponsor is acknowledged, either by name, brand, or both with the size of the acknowledgement smaller than the size of the event name;
 - Brand advertising is only at the site where alcohol sales and consumption are conducted;
 - Promotional items of any kind are not given away in public areas such as street fairs, parks, or governmental property.

Throughout the process the prevention voice was heard, respected, and honored. The last public hearing will be Sept. 16, the end of the public comment period will be Sept. 23, and the LCB will adopt the new rules Oct. 7.

For more information, visit www.LCB.wa.gov. 🐾



Pierce County DUI and Party Intervention Patrol Arrest Teens, Educate Families

Several high school seniors, beer in hand, were spotted by police on a Saturday night in June as they were making their way from their cars to a graduation drinking party near the Puyallup Fairgrounds.

Fourteen officers working with Pierce County's Party Intervention Patrol began shutting the outdoor pool and garage party down just before midnight as 49 kids, ages 16-18, primarily from Puyallup High School, began to ramp up their celebration.

In addition to alcohol, police found marijuana, and two beer bongs for drinking large amounts of alcohol quickly. Police also found cups set-up to play beer pong, a popular underage drinking game in which losers must consume alcohol from multiple, large cups.

The mother and father of two of the underage revelers were home asleep at the time police arrived. The parents, as well as the siblings hosting the party, face charges of providing premises for underage drinking, a gross misdemeanor.

"Parents are legally responsible for underage drinking on their property, even if they claim to be unaware of or do not give permission for it to occur," said Officer Micah Wilson, Puyallup Police Department.

The 29 party-goers were arrested for Minor in Possession (MIP) and transported to a community center where chemical dependency professionals provided them with alcohol and drug information, including information about the dangers of bingeing. The recent high school grads also were given referrals, where needed, to substance abuse agencies.

After arriving to pick-up their kids, parents met with parent volunteers who shared strategies with them for talking to their children about alcohol and drugs and keeping tabs on their teen's nighttime activities, including driving.

The primary aim of the nearly two-year-old party intervention patrol, the only one of its kind in the country, is to get tools into the hands of teens and their parents to prevent alcohol-related injuries and deaths, especially impaired teen driving.

"We had eight impaired teen driving fatalities last year, down from 15-18 deaths for the previous eight year period," said Mike Mitchell, Chief of the Bonney Lake Police Department and Chair of the Tacoma Pierce County DUI Task Force. "The reduction in fatalities doesn't represent a trend yet, but we think we are beginning to save lives through this project."

The Tacoma Pierce County DUI X-52 Emphasis Patrol, which took place on the same night in East Pierce County, dedicated its patrol to Beau Bockmann, a 19-year old driver who was killed in August 2007 by a 17-year-old impaired driver who had been drinking at a party.

A total of 27 officers participated and five members of Beau's surviving family rode along, resulting in 310 drivers being stopped for unsafe driving and 20 drivers being arrested for impaired driving, including one 16-year-old. Six additional drivers were arrested on outstanding warrants and five under the age of 21 were arrested for MIP.

Participating in the special dedication and the side-by-side party intervention and DUI emphasis patrols were the Pierce County Sheriff's Department, the Pierce County Prosecutor's Office, the Washington State Patrol and the Fife, Bonney Lake, Edgewood, Sumner, Puyallup, Lakewood, University Place, Tacoma, Gig Harbor and Fircrest Police Departments. Others involved in intervention patrol, funded by the Washington Traffic Safety Commission and Washington State Reducing Underage Drinking Coalition, included the Washington State Liquor Control Board, Tacoma Trauma Trust and Pierce County Human Services.

For more information about this project, contact Gloria Mansfield Averill, Coordinator, Tacoma/Pierce County DUI Task Force, at 253-222-9088. 🏔️

Consider Becoming a Mentor

By Emilio Vela, Jr., Treatment and Prevention Policy Analyst



If you reflect back on your life for a moment, you will remember someone being there for you at a critical junction of learning in your life or at a time when you needed support. A mentor is someone with wisdom and life experi-

ence who is willing to teach or impart their knowledge to empower another person's life. A mentor is a guide who is willing to support or challenge someone to achieve their desired goals in life. To a recovering alcoholic/addict, a mentor is another person willing to teach them how to live a balanced, healthy life and to accomplish their dreams.

Becoming a mentor means giving your time and resources to help others achieve their dreams and goals. It is about seizing the opportunity to "give it back" as we like to say in this field.

In Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) one of the core principles of recovery is "service". The idea is to serve others by sponsoring or supporting their recovery, just like someone else did for you. These forms of mentoring help recovering alcoholics/addicts learn recovery skills from wiser and more experienced recovering members. This kind of service also strengthens recovery for the AA/NA member who mentors others.

There are many forms of "giving it back" to our communities through mentoring youth/adults who need someone to support them or teach them proven ways to achieve their goals. Nonprofit organizations in our communities are always looking for volunteers to act as mentors to others. Serving on county alcohol/drug advisory boards and other types of volunteer boards is a great way to invest in our communities. This is an opportunity for you to leave a legacy in life by sharing your experience and wisdom with someone who desires that from you. Mentoring is about helping and sustaining others in their learning and progress. Getting involved is also a great way to maintain our physical and mental health. To learn more about mentoring, visit www.mentoring.org. 🐾

The Samish Indian Nation Brings Healing to Pioneer Center North

By Benjamin Jojola, Samish Indian Nation Substance Abuse Prevention Specialist Experimental Educator

Many programs that help people in recovery look for ways to help build connections that will, in turn, help to heal the physical, emotional and spiritual wounds that addiction causes. Since October of 2008, the Samish Indian Nation of Anacortes has been providing a program that seems to be doing just this by holding a monthly "Talking Circle" at Pioneer Center North (PCN) in Sedro-Woolley. The focus of this meeting is to help people unload their burden baskets, so they can let go of some of the pain that often leads them to relapsing.



Especially for Native Americans, which typically make up 85% of the talking circle, this pain can include historical trauma as well as racial stereotypes and prejudice. While it is important for people to know their history and culture, the talking circle tries to focus on the strength of the spirituality of Native Americans to help the group connect with their own background, and to see the similarities that run through many different tribes. For example, the use of traditional tobacco ties and other herbs, like sweet grass or sage, as a way cleansing the space and opening up the hearts of people gathered together.

The talking circles last about two hours and some participants have asked for them to be extended longer. They are open to all of the residents at PCN but seem to be mostly attended by male Natives. The format of the meeting is simple and does not adhere to any particular spirituality or religion. We begin with introductions and the intent of the gathering. Each member is asked to

give any information they have about their heritage and share what they are seeking from the talking circle. Then the group reads different traditional healing concepts, such as wellness is a process, it is awareness, there is no "end point" in this process. A talking feather is passed around the circle to give each the opportunity to share their experiences and emotions with no cross talk or interference by other members of the group. As participants listen to each other's stories they find that they are not alone in their challenges. This often builds support between participants and helps them to be more forgiving of themselves.

Feedback from participants has been overwhelmingly positive with many requests for longer and more frequent meetings. Letting go of shame and looking for guidance and protection from a higher power is an important part of recovery for most addicts. The talking circle also highlights the supports that exist within the Native communities, such as elders and traditional leaders. Some Native participants are not yet connected with their families or their traditional ways but express their desire to seek this out after their stay at PCN is complete. Hopefully, when participants are in their own communities these supports, along with the other skills shared with them while at PCN, will help them to keep on the red road, a term used to describe a person's journey on the path free of alcohol and drug abuse.

Samish Indian Nation is hopeful about the long-term recovery of the participants of the talking circle because of its affirming nature and the connections it builds. We hope to develop a longitudinal study to see if the relapse rate is lower for people who have participated in this important program. Christine Furman, Program Director of Pioneer Center North, says "PCN sees a difference in the residents that attend the group — we experience them expressing and sharing elements of their culture with others more readily and with a sense of place within the PCN community. We believe that we see residents become more pro-active in their recovery while they are here. They have been acknowledged and that is important." 🐾

Next Steps for NIATx 200

Process improvement through the Network for the Advancement of Addiction Treatment (NIATx) continues through the NIATx 200 project in Washington State, now in its third and last phase of sustainability.

DBHR, NIATx 200 providers and the National Program Office developed a sustainability plan that includes a joint Washington and Oregon Learning Invitational to be held in Vancouver, WA on September 22nd and 23rd. We expect up to 140 providers from 70 NIATx 200 agencies in both states will attend. Providers will benefit from additional learning and networking in topics such as

- Change Management Theory
- Data Gathering and Analysis
- Enhancing NIATx brainstorming solutions
- Peer Groups on Common Issues
- Washington's NIATx/Dual Diagnosis Capability in Addiction Treatment (DDCAT) pilot results
- Principles for Sustainability

NIATx 200 participants also have the opportunity to attend the annual Co-Occurring Disorders (COD) conference in Yakima on September 28 and 29th. Washington State is committed to providing opportunities for agencies that have not participated in process improvement. Those agencies are encouraged to attend a NIATx coaching academy October 9th and 10th.

VA Web site Helps College Counselors Aid Veterans

The Department of Veterans Affairs (VA) has launched a new Web site to strengthen the connection between college and university mental health professionals and the Veterans of the Iraq and Afghanistan conflicts now studying on their campuses.

The Web site, www.mentalhealth.va.gov/College, features recommended training for college and university counselors, with online modules including "Operation SAVE" for suicide prevention, "PTSD 101" and "Helping Students Who Drink Too Much." It also will feature a resource list that will be updated regularly.

Although the Web site is designed primarily for counselors, it also serves as a resource for Veteran-students who wish to learn more about the challenges they may face in adjusting to their lives after leaving the military. The new site is one of several Web-based tools VA has developed to assist Veterans in dealing with mental health issues. Others include a guide for families of military members returning from deployment and information about a suicide prevention hotline for Veterans. 🏠



NIATx/ (DDCAT) Pilot Project

While there has been much discussion with addictions and mental health agencies to understand the need to integrate services, agencies face the daunting task of where to start and how to work within limited resources. Despite much research that supports its success, integrated treatment is still not widely available to consumers. According to the National Alliance for Mental Illness, "Those who struggle both with serious mental illness and substance abuse face problems of enormous proportions. Fragmented and uncoordinated services create a service gap for persons with co-occurring disorders". People with both addiction and mental health issues have difficulty accessing care and staying in treatment.

The NIATx/DDCAT pilot project provided an evidenced-based model for evaluating and improving the level of integrated services in COD treatment. Three residential providers began participating in January: American Behavioral Health Systems (ABHS) in Spokane, Daybreak of Spokane, and Perinatal Treatment Services in Tacoma. The DDCAT provided an excellent opportunity to see where they are in providing integrated COD services in an evidenced-based manner. The agencies received technical assistance, NIATx process improvement coaching, and a Learning Session. They will also receive another Learning Session in November on sustainability for changes in COD integration of services.

The NIATx/DDCAT pilot project goal was to help agencies use the DDCAT fidelity measure to identify needs and target change in two areas. ABHS and Daybreak completed their final review in July. Both agencies met the goal of making change in two of the areas of integration, and made significant changes in other areas of COD integration. Perinatal's final review will be at the end of this month. The results of the NIATx/DDCAT pilot were presented at the NIATx Summit and SASS National Conference last month by Janet Bardossi, Project Lead, Deanna Vandersloot of the NFAT-TC, and Robin Roberts, DBHR project lead for NIATx.

DBHR will continue to provide additional opportunities for agencies that are interested in NIATx/DDCAT assessment. The NIATx National Policy Office at the University of Wisconsin is applying for a NIDA grant for NIATx/DDCAT projects at a state level.

For questions or comments about workforce development activities, contact Robin Roberts at roberri@dshs.wa.gov. 🏠

First Addiction Medicine Specialists Named

Join Together Online reports that the American Board of Addiction Medicine (ABAM) recently named the first group of board-certified addiction-medicine specialists, recognizing 1,240 doctors who previously had been certified by the American Society of Addiction Medicine (ASAM).

More than 100 of the “grandfathered” addiction-medicine specialists attended the ASAM annual medical-scientific meeting in May to receive their ABAM certification in person. ABAM, formed in 2007, is the only national medical board dedicated exclusively to addiction medicine, with a mission that includes setting standards for physician education, assessing physicians’ knowledge, and facilitating continuing education.

ABAM certification will be offered to physicians in Internal Medicine, Family Medicine, Obstetrics & Gynecology, Pediatrics, Emergency Medicine, Surgery, Preventive Medicine, Psychiatry, Neurology and other medical specialties. “Physicians are often at a loss for what to do about substance use and addiction issues, and may even misdiagnose the problem,” said ABAM President Kevin B. Kunz, M.D. “We hope to change this by creating a cadre of thousands of specialized physicians across medical specialties.”

The timing is right for standardizing and improving professional education in the field of addiction medicine, according to Kunz and others who pointed to a recent paradigm shift around addiction that has taken place in the medical community. “Over time, people have begun to recognize that this should look more like other medical specialties,” said addiction researcher Richard Saitz, M.D., of the Boston University School of Medicine. “Years ago, addiction was not viewed as a health problem. In the past 10-12 years, enough people in the health community have recognized addiction as a health problem that attitudes have changed sharply.”

“Years of scientific research have proven drug addiction is a brain disease caused by biological, environmental and developmental factors – a disease which can have far-reaching medical consequences,” added Nora D. Volkow, M.D., director of the National Institute on Drug Abuse. “Given the proper training, tools, and resources, physicians can be the first line of defense against substance abuse and addiction – identifying drug use early, preventing its escalation to abuse and addiction, and referring patients in need to treatment.”

Addiction certification and specialization among M.D.s does not pose a threat to traditional counselors, Kunz stressed. “We consider ourselves partners in the total care of patients, not just prescribing meds and doing detox,” he said. “We need a

team approach, and addiction physicians have a very high regard for those who do tremendous work in 12-step programs.”

Long-Term Plans Outlined

Kunz said that ABAM expects to grandfather a few hundred more ASAM-certified doctors before offering its first board-certification exam in 2010. The group also is working on establishing a continuing medical education (CME) program (and

requirements) for certified addiction doctors. Kunz said the ultimate goal is for ABAM – and addiction medicine – to win recognition by the American Board of Medical Specialties (ABMS).

“The implications are monumental,” said Saitz, who said ABMS recognition would open the door for more young doctors to choose addiction medicine as a specialty and get training, as well as encouraging medical centers to establish separate departments of addiction diseases – which exist for all other medical specialties but not addictions, he said.

ABAM hopes to have a model residency program finalized within the next 18 months, said Kunz, and 25-50 addiction-medicine residency programs established nationwide within three years. Currently, there are no addiction medicine residencies among the 8,200 accredited residency programs in the nation’s hospitals. ASAM, which was instrumental in founding ABAM, had about 500 doctors take its certification exam last year; Kunz said he hopes to have 1,000 physicians seek ABAM certification in 2010, and that a goal of 3,000-6,000 ABAM-certified physicians within the next 8 years is not unrealistic.

“We want addiction prevention, screening, intervention and treatment to become routine aspects of medical care, available virtually any place health care is provided,” Kunz said.

How many certified addiction specialists does the U.S. require to meet the needs of the population? Kunz notes that about 10 percent of the population has an addiction problem, but only 10 percent of those with addictions currently get the help they need. He compared addiction medicine to radiology, another medical specialty that cuts across multiple areas of health care, from emergency medicine to oncology; since 1935, 37,000 radiologists have been board-certified in the U.S.

“My guess is we will need at least 10,000 board-certified addiction specialists to make this work,” said Kunz. “We need the prestige and recognition of certification in order to be at the table so that our patients get the care they deserve,” added Saitz. “There are a lot of things our patients put up with because of the lack of prestige and stigma. Imagine the outcry if we said that most people with breast cancer don’t get treatment?” 🐼



“We consider ourselves partners in the total care of patients, not just prescribing meds and doing detox.”

– ABAM President
Kevin B. Kunz, M.D.

Youth Showcase Prevention Projects at Spring Forum

As a follow-up to the Fall Prevention Summit in Yakima, the DSHS Division of Behavioral Health and Recovery and the state Attorney General's Office partnered to present a Youth Forum in April. The AGO provided scholarships to help offset costs for youth prevention teams and their adult advisor/chaperones.

The purpose of the Forum, held in Grand Mound and attended by over 300 students from across the state, was to recognize youth who took the information they learned at the Fall Summit and put it into action.

At the Fall Summit, youth explored relevant problems facing their peers and learned tools to help them address these problems in their schools and communities. At the Youth Forum, youth groups showcased their work, and presented their project description, goals, activities, target audience, number of people

reached, budget including in-kind donations, and timeframe.

All youth presentations were judged by youth and prizes were awarded. Congratulations to the Washington State Music Mentors who took first place for prevention education through music, created for youth, by youth. Their songs are devoted to cultural awareness, student leadership, staying in school, and violence and drug prevention. They won a \$4,000 scholarship to a Community Anti-Drug Coalitions of America Leadership conference.

Other top winners were the Othello Reducing Underage Drinking Youth Action Team; Students Protesting Lies About Tobacco; Midway Dragons Leadership for Life; Lincoln/Mt. Tahoma/Hunt Middle School Prevention Club: Peace Out; and Lewis County Social Services: Giving to Get. Category winners included Innovation: Point Bank SADD Chapter; Sustainability:

Youth Leading Change/Students against Violence Everywhere; Impact: Making a Change: Prom Promise/ Drug-Free Celebration; Presentation Style/Professionalism: Teens at Chehalis Tribe Against Alcohol Drugs and Tobacco; Collaboration/Partnerships: Wapato TATU and SADD.

In a letter of thanks to Attorney General Rob McKenna, Peggy Gutierrez, Prevention Specialist for Garfield County Human Services wrote:

"When you challenged all the schools to do a project in their communities, you empowered them to accept that challenge. You have truly given them all a gift. That gift comes in better understanding of ATOD issues, improved self esteem, willingness to work as a team, compassion for other team members and so many more qualities these kids have developed."

The Forum's theme, "Don't Give in to Fit in" was created by Irene Estrada, a junior at West Valley High School in Yakima. Irene's theme was selected by youth from around Washington State.

To view some performances at the Youth Forum, visit <http://www.atg.wa.gov/SpringForum.aspx>. 🐾

Tribal Youth Music Academy Helps Youth Find Their Voices

By Linda Graves, Problem Gambling Program Manager

The music of the hand-carved flute brought tears to the eyes as Viola, a young Yakama woman played. It was a moment to be etched in one's memory. Viola had said earlier in the week that she only played for the birds and the animals, but through the encouragement of staff and other students, Viola played for the participants of the Tribal Youth Music Academy. What a gift she brought and shared!

Viola was one of 51 students, along with 22 adults, who participated in the Tribal Youth Music Academy sponsored by the Attorney General's Office, the Division of Alcohol and Substance Abuse Problem Gambling Program, and the Evergreen Council on Problem Gambling. It was held at the Beach Retreat Center, a beautiful setting for the transformation that was seen as youth found their voices by playing instruments and writing hip hop songs.

The songs were often poignant. They spoke of the domestic violence, sexual abuse and rape, the effects of drugs, alcohol and gambling on the singer and his or her family, absent parents, and the search for meaning in life. Several told the story of the artist's own life battling with addiction. But there were fun songs too. Two young Lummi women will long be thought of as originators of the "Fruit Loops" song, the story of a person on a horse encountering opposition, but winning the opposition over by sharing their Fruit Loops.

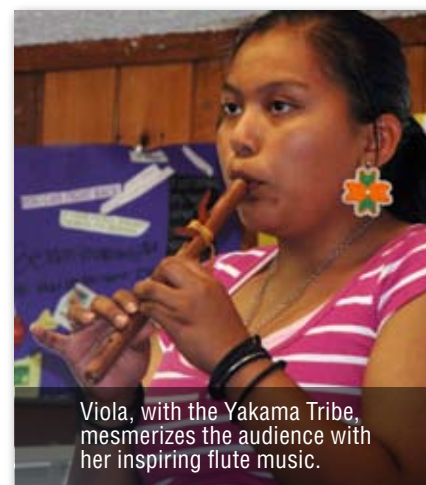
The youth made friends with others from different tribes and parts of the state. They shared traditional campfire teachings about the fire and the drum. They had opportunities to make drums, and they also made collages that illustrated what they hoped for in their futures. The Attorney General's Office was

interested in a prevention message about prescription drugs, and other sponsors were interested in messages about the risks of gambling. But other prevention messages came through loud and clear.

"These are the consequences of using alcohol." "My friend died from overdosing on pain medications." A student in foster care struggled with the fact her mother was in jail for drug use. A young woman lamented the absence of a father who is in Afghanistan, and she doesn't know if he will return. How does she cope with that absence? They all wrote about their concerns in their music.

In two make-shift recording studios where mattresses stood on their sides to absorb the sound, there were 35 sound tracks produced by the end of the week. One young Tulalip man, Aaron, who plays beautiful piano music, will be taken to a recording studio to make a track for the CD, as there wasn't room for a piano in the rooms at camp.

There will CD release party at the Lummi Tribe (date to be determined) and at the Four Directions Tribal Conference scheduled for October 1-3 at the Muckleshoot Health and Wellness Center. Live performances from academy participants will be scheduled throughout the coming year at the Four Directions Conference, and other venues. When completed, CDs will be available to borrow from Linda Graves by emailing her at gravell@dshs.wa.gov. 🐾



Viola, with the Yakama Tribe, mesmerizes the audience with her inspiring flute music.

Upcoming Events

Share news about your prevention, intervention, treatment, and aftercare program. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, e-mail Deb Schnellman at schneda@dshs.wa.gov, or call (360) 725-3763.

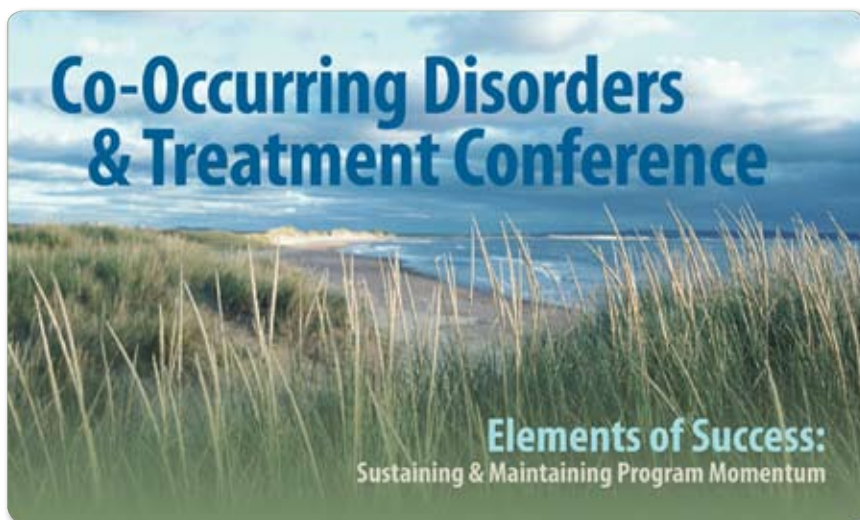


SEPTEMBER '09

NATIONAL ALCOHOL AND OTHER DRUG
ADDICTION RECOVERY MONTH
www.recoverymonth.gov

28-29 CO-OCCURRING DISORDERS AND TREATMENT CONFERENCE

Location: Yakima Convention Center
Theme: Elements of Success — Sustaining and
Maintaining Program Momentum
Post-Conference Workshop on October 1.
Contact Ruth Leonard at leonamr@dshs.wa.gov



Co-Occurring Disorders & Treatment Conference September 28-29, 2009 • Yakima, WA

The 2009 conference agenda is now on the website. Go to:
http://conferences.wsu.edu/dshs_co-occurring/agenda.aspx

Don't forget, early registration ends September 1st!



OCTOBER '09

15 DEDICATION OF THE KEN STARK OXFORD HOUSE — Celebrating the over 200 Oxford Houses in Washington

Location: Mt. Vernon
Contact: Gino Pugliese at (360) 661-4608.

30-31 WASHINGTON STATE PREVENTION SUMMIT

Location: Yakima Convention Center
Contact: Sarah Mariani at
mariase@dshs.wa.gov or (206) 272-2190.
For more information visit:
<http://casat.unr.edu/dasa/pxsummit>



**For training details and registration, see DBHR's online Training Calendar
at <http://www.dshs.wa.gov/dasa/services/training/calendar2009.shtml>.**

Join us in celebrating 25 years
of building partnerships for
prevention! More info coming
soon at <http://dasa.casat.org>